ALABAMA Workers Compensation Division
Claims EDI Release 3 SROI
Conditional Requirements Table

CODE	DN #	DATA ELEMENT NAME	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)	NOTE
MC	0042	Employee SSN	The Employee's SSN is **preferred** but if not available, other required identification can be used.	DN 0270 Employee ID Type Qualifier must = S	Ensure correct DN 0270 Employee ID Type Qualifier is entered.
MC	0152	Employee Employment Vista	The Employee's Social Security Number is **preferred** but if not available, this identification can be used.	DN 0270 Employee ID Type Qualifier must = E	Ensure correct DN 0270 Employee ID Type Qualifier is entered.
MC	0153	Employee Green Card	The Employee's Social Security Number is **preferred** but if not available, this identification can be used.	DN 0270 Employee ID Type Qualifier must = G	Ensure correct DN 0270 Employee ID Type Qualifier is entered.
MC	0154	Employee ID Assigned by Jurisdiction	The Employee's Social Security Number is **preferred** but if not available, this identification can be used.	DN 0270 Employee ID Type Qualifier must = A	Ensure correct DN 0270 Employee ID Type Qualifier is entered.
MC	0156	Employee Passport Number	The Employee's Social Security Number is **preferred** but if not available, this identification can be used.	DN 0270 Employee ID Type Qualifier must = P	Ensure correct DN 2070 Employee ID Type Qualifier is entered.
MC	0138	Claim Administrator Claim Representative E-Mail Address	The Claim Administrator Claim Representative E-Mail Address must be present if Claim Administrator Representative Name (DN0140) is not present	Mandatory if DN0140 is not present	Ensure CA Name and email address are present
MC	0140	Claim Administrator Claim Representative Name	The Claim Administrator Claim Representative Name must be present if Claim Administrator Claim Representative E-Mail Address (DN0138) is not present	Mandatory if DN0138 is not present	Ensure CA Name and email address are present
MC	0085	Benefit Type Code	Required if Number of Benefits > 0	Required if DN0288 > 0	MTC ALL
F	0002	Maintenance Type Code	Required if Number of Benefits > 0	Required if DN0288 > 0	MTC ALL
MC	0174	Gross Weekly Amount	Required if Number of Benefits > 0	Required if DN0288 > 0 and DN0174 is not null	MTC ALL
IA	0175	Gross Weekly Amount Effective Date	Required if Number of Benefits > 0	Required if DN0288 > 0 and DN0175 is not null	MTC ALL

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REQ	DN #	DATA ELEMENT NAME	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)	NOTE
IA	0087	Net Weekly Amount	Required if Number of Benefits > 0	Required if DN0288 > 0 and DN0087 is not null	MTC ALL
IA	0211	Net Weekly Amount Effective Date	Required if Number of Benefits > 0	Required if DN0288 > 0 and DN0211 is not null	MTC ALL
MC	0088	Benefit Period Start Date	Required if Number of Benefits > 0	Required if DN0288 > 0	MTC ALL
MC	0089	Benefit Period Through Date	Required if Number of Benefits > 0	Required if DN0288 > 0	MTC ALL
MC	0090	Benefit Type Claim Weeks	Required if Number of Benefits > 0	Required if DN0288 > 0	MTC ALL
MC	0091	Benefit Type Claim Days	Required if Number of Benefits > 0	Required if DN0288 > 0	MTC ALL
MC	0086	Benefit Type Amount Paid	Required if Number of Benefits > 0	Required if DN0288 > 0	MTC ALL
MC	0192	Benefit Payment Issue Date	Required if Number of Benefits > 0	Required if DN0288 > 0 and DN0192 is not null	MTC ALL
MC	0222	Payment Reason Code	Required if Number of Payments > 0	Required if DN0283 > 0	MTC ALL
MC	0217	Payee	Required if Number of Payments > 0	Required if DN0283 > 0 and DN0217 is not null	MTC ALL
MC	0218	Payment Amount	Required if Number of Payments > 0	Required if DN0283 > 0	MTC ALL
MC	0219	Payment Covers Period Start Date	Required if Number of Payments > 0	Required if DN0283 > 0 and DN219 is not null	MTC ALL
MC	0220	Payment Covers Period Through Date	Required if Number of Payments > 0	Required if DN0283 > 0 and DN0220 is not null	MTC ALL
MC	0195	Payment Issue Date	Required if Number of Payments > 0	Required if DN0283 > 0 and DN0195 is not null	MTC ALL
MC	0216	Other Benefit Type Code	Required if Number of Other Benefits > 0	Required if DN0282 > 0	MTC ALL
MC	0215	Other Benefit Type Amount	Required if Number of Other Benefits > 0	Required if DN0282 > 0	MTC ALL
MC	0198	Full Denial Reason Code	Required if No. of Full Denial Reason Codes > 0	Required if DN0277 > 0	MTC ALL
MC	0197	Denial Reason Narrative	Required if No. of Denial Reason Narratives > 0	Required if DN0276 > 0	MTC ALL

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REQ	DN #	DATA ELEMENT NAME	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)	NOTE
IA	0083	Permanent Impairment Body Part Code	Required if Number of Permanent Impairments > 0	Required if DN0078 > 0	MTC ALL
IA	0084	Permanent Impairment Percentage	Required if Number of Permanent Impairments > 0	Required if DN0078 > 0 and DN0084 is not null	MTC ALL
IA	0432	Permanent Impairment Body Part Location Code	Required if Number of Permanent Impairments > 0	Required if DN0078 > 0 and DN0432 is not null	MTC ALL
M	0057	Employee Date of Death	Required if a death has occurred.	Required if DN0146 (Death Result of Injury Code) is not null	MTC ALL